

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number 10532620		Filing Date	
							Applicant(s) Helmuth EGGERS			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep
1	1		1							
2		1		1						
3		2		1						
4		(1)		1						
5		(1)		1						
6		(1)		1						
7		(1)		1						
8		(1)		1						
9		(1)		1						
10	1		1							
11		1		1						
12		(1)		1						
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50										
Total Indep	2		2		0					
Total Depend	11		10		0					
Total Claims	13		12		0					